Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

**ANCHORAGE** 

AK 99503-3898

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

FROM

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

ATTN:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD 06 | 03 | 01 TO 06 | 03 | 31

\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form.

7(11). ND (ICICT TELLIO) )	. / . /			OUANTITY OF CONCENTRATION				1		1	
PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****	skrakenienke	****	*****	11.5	(04)	N/A	FOUR/	GRAB
DEG. CENTIGRADE 00010 G 0 0	PERMIT						REPORT	` ´		WEEK FOUR/	
RAW SEW/INFLUENT	REQUIREMENT	*****	*****	****	i de interior de la line inc	*****	MAXIMUM	DEG.C		WEEK	GRAB
TEMPERATURE, WATER	SAMPLE	*****	*****	****	*****	****	11.3	(04)	N/A	FOUR/	GRAB
DEG. CENTIGRADE	MEASUREMENT PERMIT						REPORT	( ,	1241111111	WEEK FOUR!	
00010 1 0 0 EFFLUENT GROSS VALUE	REQUIREMENT	*****	********	****	<del>火火火火火</del>	安安法夫法安	MAXIMUM	DEG.C		WEEK	GRAB
OXYGEN, DISSOLVED	SAMPLE	****	*****	****	2.4	****	*****	i	N/A	FOLIR/	GRAB
(DO)	MEASUREMENT				2.1			(19)	IN/A	I WEEK	GRAD
00300 1 0 0	PERMIT REQUIREMENT		****	****	REPORT MO MIN	<b>安米米米米</b>	*****	MO#		FOUR/	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY	SAMPLE							MG/L		WEEK FOUR/	
(20 DEG. C)	MEASUREMENT	46434	*****	(26)	*****	213	*****	(19)	N/A	WEEK 1)	COMP24
00310 G 0 0	PERMIT	REPORT				REPORT				FOUR/	COMP
RAW SEW/INFLUENT	REQUIREMENT	MO AVG	<b>技术教育</b> 技术	LBS/DY	计传统条件体	MO AVG		MG/L		WEEK	24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	36340	(26)	*****	*****	173	(19)	0	FOUR/	COMP24
00310 W 0 0	PERMIT		90100				300			WEEK FOUR/	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	de de de de de de	DAILY MX	LBS/DY	de de de describito	<b>未</b> 关为关关关	DAILY MX	MG/L		WEEK	24
BOD, 5-DAY	SAMPLE	33130	35264	(26)	*****	152	168	(19)	Ω	FOUR/	COMP24
(20 DEG. C)	MEASUREMENT	72169	00 <b>2</b> 0 <del>4</del>	(_0)	*****************************	240	250	(.0)	3855138383	WEEK	
00310 1 0 0 EFFLUENT GROSS VALUE	REQUIREMENT		WKLY AVG	LB\$/DY	<b>水块油水水</b>	MO AVG	WKLY AVG	MG/L		FOUR/ WEEK	24
	SAMPLE	*****	*****	****	- A	*****			A 1 / A	EOUD/	
PH	MEASUREMENT		22462		7.1		7.5	(12)	N/A	WEEK	GRAB
00400 G 0 0	PERMIT REQUIREMENT		*****	****	REPORT	*****	REPORT			FOUR/	GRAB
RAW SEW/INFLUENT					MINIMUM		MAXIMUM	SU	ONE	WEEK	
NAME / TITLE PRINCIPAL EXECUTIVE J. Kris Warren	RTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS							115			
	INFO	EDIATELY RESPONSIBLE FOR RMATION IS TRUE, ACCURATE	E AND COMPLETE. I AM AW.	ARE THAT THERE	ARE SIGNIFICANT	Mm U	anen				
Director, Treatment Di	IMPR	ALTIES FOR SUBMITTING FAL USONMENT. SEE 18 U.S.C. §1001	AND 33 U.S.C. §1319. (Penalties			OFFICER OR AUTHO	PALE FLOW E	( <b>50</b> ) 564-2		06/04/10	
TYPED OR PRINTED	\$10,0	00 and or maximum imprisonment of	between 6 months and 5 years.)			RIZEDAGENT	REA DODE NUMBER		YEAR MO DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Influent BOD result for 3/7/06 was invalid - test didn't meet precison control limits.

APR 1 2 2006

U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

PERMITTEE NAME/ADDRESS:

ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD

**ANCHORAGE** 

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

FROM

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY: JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MONITORING PERIOD 06 | 03 | 01 06 | 03 | 31 \*\*\* NO DISCHARGE TO

ATTN: MARK PREMO P	NOTE: Read instructions before completing this form.										
PARAMETER		QUANTITY OR LOADING				,	NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	8.1	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	<b>北京和北</b> 东北	***	6.5 MINIMUM	*****	8.5 Maximum	SU		FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	47571	*****	(26)	*****	218	*****	(19)	N/A	FOUR/ WEEK	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	先女子还	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	16457	(26)	*****	*****	68	(19)	0	FOUR/ WEEK	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	企业企业企业	57000 DAILY MX	LBS/DAY	完全大学	安庆汽去安庆	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11884	14804	(26)	*****	54	62	(19)	0	FOUR/ WEEK	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
NÎTROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	***	*****	19.2	****	(19)	N/A	ONCE/ MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	**************************************	***	<b>转头传音等块</b>	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	****		CE	VEN	33	*****	(30)	0	THREE/ WEEK	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		DD****		850 MO GEO	*****	MPN/ 100ML		THREE/ WEEK	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	26.134	*/****	(03)	2006	****	*****	****	N/A	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERWIT REQUIREMENT	MO AVG	OFFICE OF CO	S. EPA REGIOI MPLINIGDAND	*** **** **** **** ****	*****	*******	****		CONTIN	RCORDR
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS									TELEPHONE DAT		.TE
J. Kris Warren  MMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT						ane	<del>_</del>				
Director, Treatment Division PENAL		TIES FOR SUBMITTING FAI SONMENT, SEE 18 U.S.C. §100	SE INFORMATION, INCLUDIN 1 AND 33 U.S.C. §1319. (Penalties	G THE POSSIBILI	Y OF FINE AND SIGNATURE OF PRINCIPAL EXECUTIVE y include fines up to			(907)564-2799		06/04/10	
TYPED OR PRINTED		and or maximum imprisonment of	-			OFFICER OR AUTHO		AREA CODE NUMBER YEAR MO DAY			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME:

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

**MAJOR** (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

JOHN M. ASPLUND WWTF----301 (H)

ANCHORAGE. AK 99502 LOCATION:

MONITORING PERIOD 06 | 03 | 01 06 | 03 | 31 FROM TO

\*\*\* NO DISCHARGE

ATTN: MARK PREMÓ F		<u> </u>		NOTE: Read inst	ructions befo	ore cor	npleting this	form.			
PARAMETER		QUANTITY OR LOADING				QUANTITY OR CONC	NTRATION		NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	ste ste ste ste ste	*****	***	*****	*****	1.1	(19)	0	EVERY 3 HRS	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	体体体体体	*****	***	按键物件接收	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	****	*****	***	28	*****	*****	] ` '	N/A <sup>1)</sup>	MONTH	CALCTD
81010 K 0 0 PERCENT REMOVAL	PERMIT REGUIREMENT		*****	****	REPORT MO AVG	***	****	PER- CENT	ΝA	MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	75	*****	*****	(23)	N/A	MONTH	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****	***	REPORT MO AVG	*****	*****	PER- CENT	ΝΆ	ONCE/ MONTH	CALCTD
									nerene.		****************
						I I			**********		**************
						JK/					
					***************************************	ן יי יין	APR 12 2000		********		
				÷		, LOTTICE OF	U.S. EFA HEGION 10 OMPLIANCE AND ENFORM				
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS BEOMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED							LIANCE AND ENFORCE	TELEPHO	ONE	DA	TE
		MATION IS TRUE, ACCURATE	E AND COMPLETE. I AM AWA	ARE THAT THERE	RE SIGNIFICANT			†			
Briotor, Trodemone Biviolon		NALTHES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILIT PRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes m. ),000 and or maximum imprisonment of between 6 months and 5 years.)				up to			(907)564-2799 06/04/ AREA CODE NUMBER YEAR MO		
COMMENT AND EXPLANATION OF A					<del></del>	Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/					

NPDES regs state that facilities with 301(h) waivers must achieve ≥ 30% BOD removal calculated on a monthly basis. This requirement is not in the permit, so the 28% is not noted here as an exceedance. AWWU has requested a change to a twelve month rolling average reporting basis in the permit application being evaluated now.